

Company Name

Contact Person
Address1
City, State, Zip
Phone Number(s)
Email address

Invoice

Date: __/__/____
Inv. #: _____

To: **Company Name**

Contact Person
Address1
City, State, Zip
Phone Number(s)

Due Date	Terms	Project
	cash/che k	

Date	Description	Hrs	Cost	Total
	Henna body art		\$ _____	\$ _____
			Total	\$ _____
			Taxes	\$ _____
			Payments	\$ _____
			Balance Due	\$ _____